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**THE NOTION OF HEALING IN THE THERAPEUTIC WORK OF
GEORGE FREEMESSER AND STEVE DE SHAZER: A COMPARISON**

by

Mary Marrocco

Master of Theology in Pastoral Counselling, Waterloo Lutheran Seminary, 2007

THESIS

**Submitted to the Faculty of Waterloo Lutheran Seminary
in partial fulfillment of the requirements for the degree of
Master of Theology in Pastoral Counselling**

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Abstract

George Freemesser and Steve de Shazer have several strong commonalities in their understandings of healing; both can be situated within the framework of pastoral counselling. Because for Freemesser the therapist's person is an important dimension of healing, I begin with his biography, then my view of healing. To provide the pastoral counselling framework, I review the thought of Pilch, Clebsch and Jaekle, and Rovers. Steve de Shazer's view of healing is then discussed, though he does not employ the term, by misunderstanding his notion of the goal of therapy as healing. Freemesser's understanding of healing is described, and finally a direct comparison made between de Shazer and Freemesser in context of pastoral care and counselling.

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Introduction

Content and Method

The process and the goal of therapy are described and understood in various ways, some of which are harmonious, some at odds with each other. In the writing and work of psychiatrist George Freemesser, therapeutic practice is about the work of healing the human person, physically, mentally and spiritually. This paper reviews and discusses Freemesser's understanding of healing, in comparison with that of Steve de Shazer, a marriage and family therapist whose own brief, solution-focused approach was rooted in the philosophy of Ludwig Wittgenstein. The aim is to discover the similarities and differences between their notions of healing, in the context of pastoral care and counselling.

I begin, in this introduction, by giving some background to the life and person of Freemesser. I also outline my own understanding of the nature of healing, which is the context from which I write. Because Dr. Freemesser was a guide and mentor to me, my understanding is influenced by his, and therefore it is particularly important to portray for the reader my own views as clearly as possible. As will emerge within the text, an essential element of Dr Freemesser's view is that healing is personal, coming from within the person of the client, and interpersonal, coming also from the person of the therapist and from the relationship between the two. Hence it is doubly necessary for me to indicate my personal experience and understanding of healing; even in following Freemesser's approach, I could not possibly go about it in precisely the way he did, because my work must come out of and involve my own developing self.

To outline the pastoral care and counselling context for discussing Freemesser's and de Shazer's notions of healing, I outline in Chapter 1 three different views of healing, coming

from three different disciplines: those of John J. Pilch, biblical scholar; William A. Clebsch and Charles R. Jaekle, from the context of pastoral counselling; and Martin Rovers, discussing healing as it emerges in couple therapy. From their work, I glean some elements of healing, as understood within the practical work of counselling in a pastoral context, which I will then bring to the work of de Shazer and Freemesser.

With this context established, Chapter 2 turns to the thought of de Shazer, based on his *Putting Difference to Work* (de Shazer, 1991). This text aims not to give technique or practical instruction, but rather to look to the underlying principles of his approach and indicate how they play out in his practice. This work gives an appropriate basis of comparison with Freemesser, who did not write a therapeutic manual nor a list of techniques, but who preferred rather to give the experiential and reflective underpinnings of his therapeutic work. Chapter 3, then, focuses on Freemesser's understanding of healing, as seen in his two major written texts, *The Psychiatrist of Galilee* (Freemesser, 1985) and *Mystical Compass* (Freemesser, 1986) and a few shorter works.

In my conclusion, I indicate similarities and differences between the views of these two different practitioners, and ways in which the comparison highlights the meaning of healing in the context of pastoral care and counselling.

Introducing George Freemesser

It was early morning, before dawn on a March day. I had come in before work to print up invitations to Dr George's Freemesser's retirement party, or rather, his "new launching" party. As of June 2004, at 70 years of age, he would be officially finished seeing patients so that he could take up the new work that was to be given him, though he did not know just what that work would be.

For the past two years, he had been gradually weaning his patients, preparing them for his departure into something new and as yet unclear to him. It was difficult for him to let go and say good-bye to the work he had been doing, the people he had been accompanying, all these years of his psychiatric practice. Nothing less than his conviction of a call from God could have persuaded him to do it. Yet, once his heart was decided, and he was certain he was following his Beloved, he prepared for this radical change with hope and excitement, not unmixed with fear and sadness.

Today was Tuesday. The preceding Saturday, he had been presiding at Mass for a family he knew well. A Roman Catholic priest, a member of the Basilian community, he liked to say that he was a triple threat: physician, psychiatrist, and priest. Like a fine blended Scotch, he sometimes added, he blended the abilities of caring for body, mind and soul. At the end of the Mass, as the evening light was coming in the windows, all were lingering for a few moments before Fr George's departure, chatting. He was sharing, as he never hesitated to do, his thoughts and feelings about many things, from the God he so loved to the practice he so loved to his sense of the current world crisis and how he saw the Holy Spirit moving in it. Fr George was a true extrovert, delighting in communicating with whomever he might be with; but combined with his outgoing nature, which seemed to allow his spirit to enter into anyone and any place, was a rare capacity to listen and to absorb, in return, the spirit of the person on whom he so fully focused.

I once was at a birthday party to which Fr George was also invited. At a certain point, a friend came over and said to me, "I've been watching Fr George. See him, sitting on that couch over there with Clare [an eight-year-old girl; Clare has Down syndrome]?"

They've been sitting together for ages, just talking to each other without words, in a language they both seem to know."

Finally, as the family was talking with him that Saturday evening in March, the mother, a woman in her 80s, said impulsively: "Fr George, I've finally found out who you are." Fr George was all eager attention in a second, and she said to him: "Your real name is Hope."

Three days later, in the early hours of March 24, as I was working in the little office in the Basilian centre in Toronto, a knock came at the door and the house superior entered. He explained that he had seen the office light and had come to tell me that Fr George Freemesser had died the night before. His face was weary and anguished; I imagine he had not slept since receiving that telephone call. Responding to the look on my own face, he added: "Yes, Fr George, not Fr Paul." Fr George's twin brother, also a priest, had been extremely ill. Fr George, as far as anyone knew, had been extremely well.

He asked me to phone some of the people on his list to tell them the news. He left, and I dropped the old task and turned to the new. Before making the first call, I had to go down the hall and ask: "Did I hear you say that Fr George is dead?" And the response of every person I called that morning was similar, to the effect of: "Fr George is dead? How could a person so alive be dead?"

Perhaps, in discussing George Freemesser's understanding of healing, it would seem best simply to outline his theories and methods in systematic fashion. However, to do so would be to misrepresent his view of healing. For him it is always personal: the person of the therapist, and the person(s) of the client (or patient, in psychiatric terminology), are the ground on which it all stands. "Who I am is what I do, and what I do is who I am," he

would say. Partly, this was so because his therapeutic practice began with his own experience, his own person. Partly, it was because he, as a person, was shaped and changed by his therapeutic practice. He delighted in life, delighted in people, in God, in his faith and his work. He was a man of joy and, as the family mother noted on the eve of his death, hope. These, I believe, were as much a fruit of his practice as they were part of the ground of his practice. He also suffered deeply, from anxiety and uncertainty, from a fierce perfectionism and dislike of failure, with which he evidently struggled all his life. And he suffered with the sufferings of his clients.

Therefore, in attempting to explicate his notion of healing—a thing he himself could never do systematically—I must begin with who George was, and indeed with who I am and was with him, first as client, later as friend and colleague. One of George's principles of the work of healing is that it comes through the experience of the therapist, as well as the experience of the client, and through the relationship between them.¹ For me to give an objective account of George's work, trying to disappear myself, would not be true to his understanding. Nevertheless, I shall do my best to indicate my own presence, so that the reader can get me out of the way and discover, as much as possible, his or her own response to George's way of working for healing.

George Freemesser was born 9 November 1933, an unexpected gift to his parents. They had one boy already, Robert, and were expecting their second child, Paul, but not the twin boy who arrived 13 minutes later (their fourth child, the youngest, was a girl, Maryellen). Young twins Paul and George were educated at a Basilian (Catholic) school in Rochester, New York, where they were born. By George's own description, they were more

¹ Psychiatric terminology would refer to persons in the healing work as *doctor* or *psychiatrist* and *patient*. As I am discussing the concept of healing more broadly in therapeutic terms, in context of pastoral care and counseling, I shall refer to *therapist* or *counselor* and *client*.

terror than holy, enjoying creating mischief for both parents and teachers; George never lost his love of mischief. Other life-long pursuits began early. As a young boy, walking with his mother one day, he saw a man with no legs. He told his mother he wanted to give the man legs (Personal Recollection). This incident was one of his earliest recollections of his own desire to learn compassion; later he would say that, as a psychiatrist, he was on fire with a quest to discover the compassionate response to the overwhelming reality of pain, suffering and death (Freemesser, 1986, p. 57). When applying to medical school, he quickly learned in interviews not to say his real motivation for becoming a doctor—to practise compassion—because the interviewers heard this so often (Freemesser, 1986, p. 20).

When he was 13, his mother was killed in a car accident caused by a drunken driver. The grief and the change caused by this incident marked his life, and his profession; realizing he could nourish anger as a result, he consciously decided instead to become a person of compassion. Yet he was aware of the presence and power of anger in himself, as in his clients. At one point in his psychiatric practice, he found himself studying abuse of alcohol, in which he was interested both because of his mother's death and because his father's occupation was the owning and operation of a saloon. "I had to struggle to resist confronting these people [alcoholics] with the anger I felt because one of them had been the cause of my mother's death. On the other hand, the negative attitude of medical personnel towards alcoholics disturbed us and turned our attention to ways of enlightening them" (Freemesser, 1986, p. 78). Self-awareness on the part of the therapist is a crucial aspect of his healing method.

After graduating high school with mediocre marks (in part, possibly, because of the turmoil caused by his mother's death), he first attempted to become a priest, as his brother

was already doing, but the local diocese turned him down. He then pursued medicine, but was refused by all medical schools to which he applied. A dentist encouraged him to try dentistry, and he spent three college years steadily improving the mediocre marks, but was refused by dental schools nonetheless. Finally he realized he had never wanted to be a dentist, but still wanted to be a physician. Over the ridicule of others' voices, and his own mocking voices—"who has ever been rejected by dental school and accepted by medical school?" (Freemesser, 1986, p. 19)—and with the help of a Basilian who believed in him, he was finally accepted in medical school at the University of Ottawa, graduating in 1960. During his internship (St Mary's Hospital, Rochester, New York), he felt again the call of priesthood, and was accepted by the Congregation of St. Basil. To the astonishment of everyone, family and medical colleagues, instead of setting up a medical practice, he entered the Basilian Novitiate in Toronto; in 1965 he was ordained a priest. He completed his residency training in psychiatric studies at the Mayo Clinic in 1971; then, at Baylor College in Houston, he worked in community psychiatry until 1975. Finally, he began a private practice in Toronto, which he was just bringing to a close at the time of his sudden death from heart attack, 23 March 2004. He died in Rochester where he was born, in the presence of his twin brother Paul with whom he was born.

My Understanding of Healing

Greek *therapeia*, n.: "a waiting on, service, attendance; a fostering, nurture: tending in sickness, medical treatment; a courting, paying court" (Liddell and Scott, 1994, p. 815).

In my view, healing is the process by which love transforms the human person so that he or she can come into the presence of God with joy and without shame. It may involve a definitive and recognizable cure, but that cure must be followed up by a lifetime of receiving

and living into the renewed life which has begun. Healing is of the whole person—body, soul and spirit. It comes to each person in a unique way and requires the participation of that person. Yet because all are wounded in some way, the need of healing is an element of all human life, and connects all of us with one another. My own context and understanding are Christian, and therefore I shall speak in Christian terms; with my clients who are not Christian, I respect and listen to their own understanding and imagery, and do not use Christian imagery unless they are familiar and at ease with it.

My personal experience of being healed has identifiable moments, in which real and lasting change happened. It can be expressed in the following image: it is as though a gardener found a weed; when she started to pull that weed, she discovered it was part of a network of underground vines which was spread throughout the garden so thoroughly that it almost seemed they were part of the garden. After much preparatory work, the gardener was at last able to pull up not just the part of the weed that showed above ground but the whole mass of underground vines. The garden was forever freed of that growth which had seemed to be one with it but in truth had been choking it and preventing the proper leaves, flowers and fruits from growing. After the weed was pulled, it never returned; and the work of cultivating the garden and helping it to yield its proper fruit could begin at last.

Many, if not all, persons are wounded and suffering; sometimes the wound goes unnoticed, unidentified, and untreated, which greatly increases the suffering. That increase of suffering may prompt the person to seek help, which is already a beginning of the healing process. In therapy, uncovering and meeting the wound is often a new experience for clients, who are so accustomed to coping with it, or going around it, that it seems as much a part of them as the weed seemed part of the garden. The client's coming to see and feel the wound

as a wound, and to see that it is separate from herself rather than part of her identity, is a key step in healing.

Healing happens as a response to the ceaseless love of God, which is never satisfied with leaving the person wounded and suffering, or simply coping. God's love aims to bring the whole person to life and free the person of all wounds, pain and misery. This is the work of a lifetime, or perhaps an eternity, but is real and tangible.

However, healing is not forced upon anyone, but offered (ceaselessly) as a gift and a work-in-partnership. It is worked through the person herself, in cooperation with God. She asks for something new to be done in her life, and says "Yes" to the process of coming to self-awareness. It is as though a person who owns a house has always lived in the two front rooms of the house, never realizing there are many other rooms, floors, doors, passageways, and even a garden. The fully healed person is at home in every room, free to explore and share them.

Often, the unhealed person is lacking in self-awareness; the person in process of healing is beginning to be aware of his own being as it really is. Coming to healing is a little like looking at the crescent moon; on a clear night, one can see not only the bright crescent but also, in a shadowy way, the much larger, dark side of the moon. The unhealed person is like the person who sees only the bright crescent and is unaware of the rest. The person in process of healing can see both the bright crescent and the larger dark part, and perceive the shape and texture of the whole.

Though healing is personal and unique, it often, perhaps most often, requires us to help one another. Some people have a gift as healers, and are particularly able to be present to those in need of healing, to be agents of the process. In the Gospel stories, Jesus is the

agent of healing, but he also constantly asks and prepares others to become agents of healing with him. He responds to each person who comes to him for a cure, or for relief of suffering, extremely personally: the path of healing is unique to each person. Jesus gives one person one cure, another person another. Some are able to accept the cure right away, others not. Accepting the path of healing that is our own is a critical element of healing. Often the remedy is unexpected, seems odd or unaccountable, or requires “medication” that seems unpalatable (as in the rich young man’s being asked to sell everything and give it to the poor, or Martha’s being asked to stop working and sit with Jesus and her sister). The means of healing is unique to the person, tailor-made for the particular wound or ailment from which that person suffers.

Yet, though each one’s path of healing is unique, there is a recognizable landscape through which all of us travel. This is one of the insights of the Twelve-Step Program. The Twelve Steps themselves, as written in the *big book* of Alcoholics Anonymous, feature the word *we* in every step—the steps become the landscape through which we all travelled en route to recovery from addiction (Alcoholics Anonymous, 2001, pp. 59-60). Yet the stories collected in the big book are all “I” stories, each one telling the particular way in which this particular person travelled through the landscape. I find this image extremely helpful in the work of therapy. It reminds me that I as therapist must be present to the particular person who is before me and no one else, and to know that I have never travelled this specific route with anyone before. Yet, I will be able to recognize features of the landscape as we travel together, because I have travelled that country before, both in my own work of healing and in working with others. Above all, it is from my limitations, as much as my strengths, that I

have something to offer; an Alcoholics Anonymous principle is that the alcoholic has “something to give—something to give *from* [his] limitation” (Kurtz, 1979, p. 36).

Certainly, healing is a step-by-step process, and trusting the process itself is a key ingredient of the healing. This also means trusting the healer, although the client may not necessarily realize this is what she is doing. Trust that the rain will water the earth, “making it fertile and fruitful, giving seed to him who sows and bread to him who eats” (Isaiah 55:10 NRSV). The secret is that, in trusting this visible and tangible process, one is actually trusting the One who creates and sustains the process. Here we glimpse one of the most important elements of the process of healing. For the therapist, it means wrestling with the unseen. At times the therapist may be more aware, or more attuned, to the unseen than the client; at times the client will be ahead of the therapist in this regard. However the therapist must always hold the awareness of the unseen, and when necessary, name it and assist in the wrestling.

Healing in this sense involves all dimensions of the person: body, soul and spirit. It is certainly physical, and attentiveness to physical signs is important for both client and therapist. The therapist is not necessarily a medical doctor or trained in the body; therefore she must work in partnership with those who are caring for the client’s body. However, the therapist can also help the client become aware of how the body is speaking, and integrate the sufferings and joys of the body into the healing process. A simple example is the client who arrives extremely tired, unable to stop yawning, and wondering if she needs to resume her iron pills. Twenty minutes into the session, it becomes clear that she has been avoiding facing a painful anniversary which occurred two days ago; as soon as this anniversary and the meaning of it are named, she stops yawning and becomes alert. Allowing soul and body

to be reunited, to be in conversation with each other, to speak and listen to each other, is a part of the work of healing. Learning to develop the spirit can include dream work, use of images and metaphors, and the simple process of talking about the deeper realities. For those who are ready for it, it can and must include prayer or meditation. The physical dimension is essential, as is the inner dimension. Healing occurs not only in the head—the discursive reasoning, the conscious understanding—but first of all in the heart, in the real inner self which is beyond what we can know rationally.

Spiritually speaking, the landscape of healing inevitably includes, and indeed its main feature is, the cross. Coming to the cross instead of running away from it is a step on the path to healing. For example, my client Frank has been struggling to stay in his marriage, struggling to stay clean and sober, and struggling to keep job and physical well-being in order. He has many techniques and tools, learned over the years, which help him with these things, but the transformative moment in therapy almost always happens when he can “get out of his head” and come down to the reality of his cross: it is his own self-hatred (gained through an extremely painful childhood and young adulthood, cemented in his adult life as a drug abuser) which he is always trying to escape, and he must come home to himself in order to find healing.

The element of surrender will always come into play—the trick of actively participating in a process of which we ourselves are the main subject, but not the director. Surrender means letting go of control, letting go of outcomes, letting go of all that is known, letting go of our own pain and struggle. Surrender is perhaps the most difficult, most rewarding step of all. Once it has really been taken, it becomes an ally, which is important because it will need to be taken again and again.

Learning to know one's own emotions, to pause and feel them, recognize them, name them, allow them to exist, is a part of the task of surrender. A wall of hatred, or fear, shame, or powerlessness, will be almost tangible in the therapeutic process. Rather than trying to fell the wall, or even climb it, often simply seeing and touching it is the best means towards healing, for then the client might discover it is made not of steel but of emotion. The work of healing is hidden, surprising, unpredictable, sometimes like trying to catch the sunlight in a dappled forest. This is how it appears to us, the client and the therapist. For God, night is as clear as the day, and walls are wisps of smoke.

It is also relational. Often it means meeting the people in one's life in a new way—rather than “getting rid” of them or continuing to cope with them. As the person herself comes to healing, relationships also will change. As the person discovers the hidden parts of herself and allows them to grow strong (cf. Ephesians 3:15), she may come to know her own quest or mission and accept it as her own. The key to healing is inside the person; it is not a question of the therapist telling the client, but of the therapist working to help the client discover, trust and work with what is already within her. Physical, mental and emotional helps are necessary—behavioural and cognitive work, medication, a team approach. They are tools which assist in the process of uncovering and freeing the true self hidden within, which means freeing the person to love and be loved. That, in Christian terms, is what it means to be a person, a whole and healed person: to be in relationship, loving and loved.

Summary

Having indicated something of the person and thought of George Freemesser, and my own understanding of the nature of healing, I turn to establishing some elements of healing in

the context of pastoral care and counselling. For this purpose, I review and compare the approaches of Pilch, Clebsch and Jackle, and Rovers in their three different disciplines.

Chapter 1

The Nature of Healing in Pastoral Care and Counselling

Three views are discussed, to give a context from which to read De Shazer and Freemesser.

John J. Pilch (Pilch, 2000) employs the discipline of medical anthropology to discover the New Testament understanding of healing, in contrast with the contemporary western view. William A. Clebsch and Charles R. Jaekle (Clebsch & Jaekle, 1964) look at healing as an element of pastoral care and counselling down through the history of Christianity. Martin Rovers (Rovers, 2005), with a more practical purpose, considers what healing means for partners in a couple relationship. These three works give expression to significant elements of the pastoral care and counselling field. Together, their views show something of the landscape of counselling and pastoral care.

Their views will be discussed with the following questions in mind: is healing once and for all, or ongoing (or both)? What are the physical, psychological, spiritual and other elements in healing? Does it involve restoration, coping, transformation, redemption, or something else?

John Pilch

Writing at the beginning of the twenty-first century, John Pilch examines the New Testament understanding of sickness and healing in light of the model of medical anthropology. His aim is to show that the contemporary western medical model of sickness, healing and healthcare is fundamentally different from that of the New Testament. Unless we work to immerse ourselves in that ancient view, we will be at risk of misunderstanding it or dismissing altogether. As he draws out the distinction, he puts together a picture of the

meaning of healing as expressed in the Gospels. He emphasizes its communal element, and the new meaning it brings; leprosy, for example, cuts off the sufferer from the community; healing of leprosy means restoration to the community.

It is noteworthy that Pilch's appreciation for medical anthropology, according to the Introduction to his *Healing in the New Testament*, is grounded in his own experience. Working in Milwaukee, involved in both biblical studies and healthcare, he came to see that in the multi-cultural society of that city, medicine must work with ethnic beliefs and practices if it were to be of value to the population. Thus his examination of healthcare systems, and comparison of the western scientific medical model (the one employed in Milwaukee) with the biblical model, has a practical focus, namely, the improvement of healthcare. He also reacts against the western model's apparent disdain and ignorance of any other healthcare system, which leaves it little room to understand the biblical model so different from its own. He has a sense of western health care as being overly-compartmentalized and narrowly focused, whereas the New Testament sees healing as bringing wholeness and integration.

Using a model for comparing values across cultures (taken from Kluckhohn and Strodtbeck, 1961), he compares the western and biblical viewpoint in regard to their responses to five common human problems. For each problem, a range of three different solutions is possible; in each case, Pilch names the dominant solution used by the culture. *Western society* is interpreted, rather vaguely, as the ethos of *mainstream middle-class U.S. citizens*. The biblical viewpoint, in this comparison, is based upon a reading of the Gospel of St. Luke.

The first problem is the principal mode of human activity; the range of solutions is being, being-in-becoming, and doing. Americans, he finds, take doing as their primary

solution; being is acceptable, but secondary. The bible, however, values being above all; its second choice is being-in-becoming, that is, developing everyone's inner potential. Doing is a third-order choice.

For the second problem, interpersonal relationships, the range of choices is collateral, lineal and individual. American society far prefers the individual. The biblical view emphasizes the collateral, that is, family, friends and society. When Jesus heals, he shows preference for group goals over individual goals. Other ancient Mediterranean societies, Pilch notes, would prefer the lineal (hierarchical).

For the third problem, that of time orientation, the three responses are present, past and future; Americans orient themselves to the future, find little enjoyment in the present, and consider the past completely insignificant. Jesus is oriented to the present moment, which is the choice of peasant people, though in Jesus' world there was a focus on the past, in light of which the present is ordered.

The third problem is that of the human relationship to nature, the three responses being subjection to it, living in harmony with it, and mastery of it. The American response is overwhelmingly to master nature; being subject to it is secondary, and living in harmony with it not part of the solution at all. The orientation of the people of Jesus' time was, equally overwhelmingly, to be subject to nature. Jesus, however, showed power over nature.

Finally, to the problem of the view of human nature, the three responses are to see human nature as a mixture of good and evil, as evil, or as good. Americans tend to view human nature as neutral but perfectible, therefore as basically good. The view of healing associated with this approach is to aim for mastery of nature, namely, eradicate disease, create new body parts, continue to find new ways to restore bodily function. Note that it is

almost exclusively physical, is directed towards restoration of good functioning of society, and focuses on doing. Jesus, in harmony with his time, sees human nature as having a mixture of good and evil tendencies, and he calls people to good.

Gathering together the view of healing which emerges from this comparison, Pilch finds that the New Testament understanding of health emphasizes being over doing, collateral and linear relationships over individualism, focus on the present as emerging from the past rather than on the future, harmony with nature rather than mastery of it, and human nature as both good or bad rather than neutral. Health, in this view, is not a negative state (absence of disease) but a positive one, a state of complete well-being. This understanding is fundamentally different in viewpoint from that of the Western view.

The Western medical model focuses on causes of diseases, and seeks to cure them, using pre-existing technological tools. Jesus focuses rather than on the meaning of suffering, and healing means changing the oppressive symptoms to allow for new meaning. In the example of biblical treatment of leprosy, which Pilch discusses at length, the nature of the suffering is quite different than we might automatically suppose. First, it is not what modern medicine understands by leprosy (Hansen's disease), and second, the problem is not contagion. Rather, it is a condition of the skin which leads to impurity (because of flaking of the skin), and the problem is pollution; hence the Judaic solution of expelling lepers from society. Jesus' response to leprosy is to touch, which means bringing the sufferer back into the community. Healing means alleviating the symptoms of isolation and expulsion, removing the oppression of segregation, and returning the sufferer to the community.

Pilch emphasizes the importance of entering into the New Testament's worldview, its understanding of sickness and healing, and the limits of evaluating solely according to the

western medical model. He shows that medical anthropology defines health, not according to absence of disease, nor in terms of functionality and usefulness of the individual. He considers health a descriptive and culturally conditioned term, and finds the World Health Organization's definition more in keeping with the New Testament view: "a state of complete physical, mental, and social well-being" (Pilch, 2000, p, 24). Rather than attempting to cure disease by controlling and re-ordering physical functioning, the New Testament view seeks the healing of illness by alleviating symptoms (suffering) and finding new or renewed meaning; it is social and experiential, not individual and functional. Healing is by its nature relational, because the healer works by discovering the meaning of the person's suffering so as to be able to find where new meaning is needed.

Healing, in Pilch's interpretation of the New Testament view, involves far more than the physical. It includes the relationship of the sufferer to the community, the mental and spiritual state of the sufferer and also the community's response to the sufferer. Healing is definitive but is a process, a change in understanding and perception as well as a lessening of suffering. It is not a question merely of learning to cope with things as they are, nor of simply restoring that which has been lost, but is also redemptive, bringing about a new, deeper meaning and connection which could not have been achieved without the illness and the healing response to it. Healing works not by seeking root causes or isolating individuals, but by responding to the experience of the sufferer, and touching it so as to draw out a new, more whole experience. It is fundamentally relational, social and communal.

Pilch's view evokes an image of the cry of the suffering being heard and received; of illness as that which isolates the person, and healing as that which unites, or re-unites, the

person to others. Healing brings about a new reality, not only for the sufferer but also for the community.

Clebsch and Jaekle

Their *Pastoral Care in Historical Perspective*, published in 1964, examines the nature and practice of pastoral care and counselling throughout church history, then presents twenty-one primary texts to illumine the ecclesial understanding in its historical development. The authors emphasize the distinctness of pastoral care and counselling within the social endeavour of healing and care.

Healing is one of the four pastoral functions which have always been part of pastoral care and counselling, the other three being sustaining, guiding and reconciling. At different times in history, different functions have been more prominent; healing and reconciling, once more dominant, have now taken a lesser role compared with sustaining.

Pastoral care is defined as “helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns” (Clebsch & Jaekle, 1964, p. 5). The ministering persons may be representative by virtue of office or charism; in either case, their connection with the Christian tradition and community is a necessary part of their pastoral work. The troubled persons must have come to some awareness of their need, and that the community has a response to that need; therefore the pastoral caregiver is in some measure working between the individual and the community, but with the aim of giving assistance to the individual. Christian pastoral care and counselling works with the underlying quest for meaning of the sufferer, being concerned with both the inner and the outer experience. Care for questions of meaning is not exclusive to Christianity, but

specifically Christian pastoral care is called for when the sufferer senses a need to respond to his trouble not only practically but also on the level of ultimate meaning, and to do so with reference to the Christian response (Clebsch & Jaekle, 1964, p. 7). The authors emphasize that, whereas many helping acts and kinds of acts may respond to troubles, pastoral care and counselling is a particular way of giving help. The four named functions help give shape to that unique way of providing help to the sufferer. Healing in this sense, as one of the four essential functions, must be understood in relation to the other three, and as part of the whole work of pastoral care and counselling.

Healing is defined as the restoration of a person to wholeness through the help of a representative Christian person. Further, because it works with the questions of ultimate meaning which the troubles have raised, it goes beyond the previous level to add new insight and an improved state of the soul. The companion work of sustaining involves helping the person, for whose trouble no recuperation can be envisioned, to cope with the new situation in a way that encourages spiritual growth. Guiding means helping the troubled person make choices; it can work either by drawing out the person's own inner choices (*deductive guidance*) or by bringing the sufferer to be able to adopt a pre-existing set of values (*inductive guidance*) (Clebsch & Jaekle, 1964, p. 9). The work of reconciling means assisting the person to re-establish broken relationships with other humans, and with God. The means employed by each of these functions, and their relative importance, has changed over history, but all have been part of the work of pastoral care.

Healing, then, is not the mere restoration of a lost norm, but also an advancement to a higher spiritual state, a new integration of meaning and understanding. In a sense, the crisis of illness provides an opportunity for the sufferer to go deeper and move to a new level. Of

the four functions of pastoral care, healing was more prominent in the middle ages, and was connected with the sacramental system. Healing, in pastoral care, has used means including anointing and relics, both of which bring spiritual life through physical means. Charismatic healing is another means which has been present in Christian history, either by virtue of office (English monarchs, derived from the healing power of Edward the confessor) or by special charism, in both Protestant and Catholic traditions (in instances as diverse as Francis of Assisi and George Fox). Exorcism has been considered an element of healing since Jesus' own exorcisms; in present-day Catholicism it is fairly strictly regulated, and is considered a part of the office of priesthood as administered by the bishop (rather than charismatic) (Clebsch & Jaekle, 1964, p. 40). *Magico-medicinal* means to healing were employed in medieval Christianity, including potions and prescribed activities.

Medieval Catholicism saw the sacraments as primary means of healing; since the Enlightenment, medical and pharmacological science has replaced ecclesial means of healing, as evidenced by the gradual replacement of church-run by state-run hospitals (Clebsch & Jaekle, 1964, pp. 41-42). The authors consider healing, of the four functions of pastoral care, to be the most problematic today, because of the contemporary view that healing is the work of medicine and science (in the twenty-first century, we would add technology and genetics), and the pastoral art of healing is now "contracted, isolated or confused".

Thus this view of healing sees it as an integral element of pastoral care and counselling, aiming to restore the sufferer to wholeness if possible, while aware that restoration is not always possible. When restoration seems impossible, pastoral care and counselling still has a work to do and help to offer, namely the work of sustaining. However,

healing is spiritual as well as physical—indeed spiritual renewal is the ultimate goal, though physical restoration is also desirable and important. Healing involves the work of finding ultimate meaning and fostering spiritual growth. In this sense, it is not once-for-all (though the particular ill may be healed) but ongoing. It is relational and communal as well as personal: it is provided for the benefit of the troubled individual, but is given through a representative of the community and in conversation with the community. Illness, then, is that which troubles a person, either physically or spiritually or both; it involves loss or confusion of ultimate meaning, and though personal is also relational.

Healing is complemented by the additional functions of guiding and reconciling, and indeed cannot be understood except in conjunction with these. Reconciliation—with both God and neighbour—is, in a sense, a goal of the work of healing or sustaining (whichever can be given). It was prominent in the early church, during the persecutions, and in the Renaissance and Reformation. The authors note that the function of reconciliation suffered, on the Catholic side, by strict adherence to the secrecy of confession, which meant that confessors could not benefit from each other's learning and experience. On the Protestant side, the function of reconciliation was less available because confession was reserved to a charismatic few. Lacking proper spiritual means of reconciliation, clergy tried instead to become amateur purveyors of psychology, "at a time when alienation is at the root of much human woe and anxiety" (Clebsch & Jaekle, 1964, p. 66). The authors suggest that the real, pastoral work of reconciliation is unique and significant, complementary rather than inferior to psychological and other non-religious disciplines.

Martin Rovers

Healing the Wounds in Couple Relationships, published in 2005, looks at healing specifically as it occurs in and through couple relationships, but applies to the broader human dynamic of healing in whichever circumstance it occurs. He discusses healing, not of disease or illness, but of wounds. He is referring not at all to physical symptoms or sickness, but solely to the inner wounding which needs to be healed in relationship.

He believes that all persons are wounded in childhood, and this wounding leads to an impaired way of being as adults. However, that wounding also becomes an opportunity for discovering a new and better way of being. Healing, in his view, is more a direction than an end-point, a process rather than a result. Healing happens when a change of direction really takes place—not so much arriving at the terminus as boarding the train and participating in the journey. He notes that there is no single route to healing, but he does depict a landscape which is common to all. Maturity, balance, individuation, interdependence, and consciousness are words Rovers emphasize to describe the healed state. Healing comes, not when perfection of these attributes are reached, but when the person they have become part of the person's life and relationship.

Childhood wounding can come in the form of attachment injuries, skewed ways of relating, “a break in the feeling of belonging”, a “hole in the soul” (Rovers, 2005, p. 42). He emphasizes that he is not discussing the healing of particular conditions such as mental disorders, but rather the healing which is needed by every human person because of the wounds that inevitably occur in childhood. Part of the woundedness is unawareness, or unconsciousness, of the wound; hence the “dance of wounds” between partners in a couple, who do not realize they are responding to their own wounds rather than to the reality of the

other. The task of the mature adult is “to be aware, acknowledge, come to see and own our wounds, and work on the process of healing them” (Rovers, 2005, p. 51).

Healing, then, does not mean a cure, cessation, or removal of wounds, but rather the real decision to allow these wounds and their effects to emerge into consciousness so that they can be received in a new way. Two key places to help heal wounds are, first, to come to know the attachment patterns, and the resulting wounds, from one’s family-of-origin; second, to know emotional connectedness with today’s partner (Rovers, 2005, p. 53). The two steps work together: by allowing the childhood wound to surface, and bringing it into the present-day relationship, that wound can be touched anew, this time not for re-wounding but for re-working. Rovers recalls the view of Freud, that we fall in love in order to soothe and supplement our childhood wound, and of Hendrix, that we fall in love in order to bring our wounds into consciousness (Rovers, 2005, p. 61). One marries the person of equal woundedness, and hence of equal maturity (Rovers, 2005, p. 67)—unconsciously seeking the person who will bring our wounds to the surface, this time not for more wounding but for healing. Because both are at the same level of maturity, the “reciprocal dance” (Rovers, 2005, p. 85) is experienced as a power struggle, impossible to tell who began it, led on by fear of loss on each side (Rovers, 2005, p. 87). The pain of this situation might bring the couple to therapy. Healing can begin when the couple starts to move out of the destructive cycle into truly addressing each other’s wounds, calling out growth and change in each other rather than old, childish ways of acting and reacting.

This work of healing calls on each partner to allow the process of surfacing of wounds, to bear the pain that comes with this surfacing, and to take responsibility for their own role in the destructive cycle (Rovers, 2005, p. 102). In the process, the partners come to

know themselves better, gain new insight into who they are, and are more and more able to act out of their real selves than out of the false, wounded self. If the partners can do this work together, establishing a safe emotional connection, they can help change the *dance of wounds* to a dance of intimacy and individuation (Rovers, 2005, p. 117). Thus the parent-relationship to which we were clinging can be changed to a peer relationship, as partners learn to relate to each other as mature adults rather than as wounded children seeking mother and father. The goal of the healing work is described as personal authority (Williamson), differentiation (Bowen), or security (Bowlby) (Rovers, 2005, p. 118).

Steps in healing between partners include recognition of wounds and their beginning in one's family of origin (which means looking, possibly for the first time, to oneself rather than to the partner as locus of the problem), communication of wounds with the partner (allowing oneself to be seen as one really is, rather than creating a false self), feeling safe and being touched by appropriate love. "To come to the point in the development of a couple relationship where partners can open up to each other in a secure place and ask the other's help with their wound is one of the great definitions of love" (Rovers, 2005, p. 154); healing, then, also involves learning to love and be loved.

Rovers discusses forgiveness as a deep spiritual element of healing: entering into vulnerability, letting the other know who one is in all one's woundedness, being open to see the other in this way, seeking forgiveness and offering forgiveness at the same time (Rovers, 2005, p. 187). It is simultaneously individual and connected, autonomous and communal, independent and interdependent (Rovers, 2005, p. 174). It is fundamentally relational, yet completely personal, the true meeting of two persons in all their otherness, so that each can come to wholeness.

Healing, in this view, is not once-for-all, but a fundamental change of direction which allows a destructive process to be transformed into a constructive, renewing process. It is not physical but spiritual and emotional (since Rovers is not discussing physical wounding or illness here). Rather than merely aiming at coping or restoration, it begins by actually increasing the wound, but aims at coming to a new wholeness greater than any ever before attained—a new wholeness in oneself, and in all one's relationships, even relationships with those no longer in one's life. Woundedness is personal, but occurs in relationship, that is, in community (in the family of origin); it is unique to the person, but the fact of woundedness is common to all. Healing, too, is both individual and communal; the degree to which persons can hurt each other, though huge, is far less than the degree to which they can help each other come to healing. Woundedness, though debilitating and terribly painful, also provides the opportunity and even the path to healing; maturity and self-awareness are directly related to awareness of what one's particular wounds are and how they are re-touched in adulthood.

Summary

All three views see the nature of healing as related to the nature of illness (or wounding). All see the spiritual as an integral, and possibly ultimate, element of healing. They all see healing as having definitive moment and signs, but as being in some way ongoing, with Rover especially stressing healing as a lifetime project. The focus on the interpersonal dimension of healing is evident in all three works, with Pilch being the strongest proponent of the communal, yet none forget the importance of personal (individual) healing. Healing as not only restoration, but coming to a new, better, deeper way of being is common to all views. Pilch is unique in his stress on healing as the working-out of a new meaning, aided by a healing agent, in response to the sufferer's understanding of her affliction.

Clebsch and Jaekle show healing as one essential element of an inter-connected four-fold process of pastoral care. Rover examines a particular kind of inner wound which he believes is common to all people, emphasizes the psychological-spiritual dimensions of healing, and demonstrates the specific way that married couples can help each other come to healing. All three see the importance of an agent of healing, but also see the sufferers themselves as being involved in their healing. All see healing as relational, involving the relationship between the sufferer and other humans, between the sufferer and self, and also between the sufferer and God.

These three works portray some basic categories of the pastoral care and counselling field: relationality, restoration but also change to new meaning, importance of process, attention to spirituality, integration, and the ongoing (lifelong) nature of healing.

Having established some elements of healing, and questions to be asked about healing, I now review the thought of Steve de Shazer, in order to compare it with that of George Freemesser in the final chapter.

Chapter 2

Healing in the Solution-Focused Therapy of Steve de Shazer

Steve de Shazer, in his *Putting Difference to Work* (1991), does not employ the term healing at all, nor terms such as *illness* and *wound* needing to be healed. For the purpose of this discussion, I take “healing” as referring to the goal of therapy. Using de Shazer’s terminology rather than the language of healing and illness, we can readily discern his understanding of what that goal is and how it may be achieved. To borrow his own terms, we will *misunderstand* his words as referring to healing, and find out where that leads us. In this discussion, then, I use the term healing to denote the goal of therapy, and therapy as referring particularly to the solution-focused constructivist, or post-structuralist, therapy which de Shazer depicts. Post-structuralists dwell on the interaction between therapist and client as creating a hitherto unperceived meaning which, once seen and articulated, can bring about desired change.

In this work, de Shazer sets out not to give not the method, techniques and principles of his solution-focused constructivist therapy, but rather to use solution-focused constructivist principles in order to describe this type of therapy. The effect is that reading the book is a little like entering into the chaotic, slip-sliding world of *language games*, in the terminology of Ludwig Wittengstein whose philosophy underpins de Shazer’s approach. The author acknowledges, in the epilogue, that he has chosen to lead the reader into a way of understanding and working, through narrative and description, rather than to lay out systematic definitions and explanations. “At the beginning,” he explains almost winsomely, “how could I expect you to take me seriously...?” (de Shazer, 1991, p. 158); but because his way of writing is analogous to his way of doing therapy, and because he is aware that his

approach is likely to seem radical or even nonsensical to some, he prefers to elicit a “cooperative” attitude in the reader.

He is not at all interested in root causes, childhood wounds, diagnostic labels or analysis of a problem. He seems to consider such elements distracting, misleading or even inhibiting of the real work of therapy; indeed, he implies that sometimes the solution-focused therapist’s task includes helping adjust the expectations of clients accustomed to such methods. For him, the work of therapy happens in the present, not uncovering what is hidden but learning how to look at what has always been visible, or how to recognize what has always been known. This is the *difference* of the title: the therapist looks for the unrecognized difference and helps the client to put this difference to work in his or her life. It may be, for instance, the difference between the client’s intended meaning and the therapist’s received meaning, or between one word and another, or one use of a word and another. The therapist looks, so to speak, for the gap between the words, the meanings, so as to find the space where something new can happen and make that space wide enough for the client to get through.

Therapy, for de Shazer, aims not just at restoration of a past state, but rather at bringing about something new and better. *New* is a key word for him; *new meaning*, *new experiences*, *new stories*, *new lives* are some of the expressions he uses to describe that which the therapist wishes the client to have. Much more than coping or adjusting, therapy aims at self-discovery for the client, transformation and even empowerment. These changes happen as the client comes to see and activate what is already there, namely, her real capacity to live the way she imagines she can live—or at least, grow into that new life. He does not use

terms such as spiritual or redemptive, but does see therapy as working an inner change which is reflected concretely in the way the client's life unfolds.

The process is fundamentally relational. De Shazer resists any model which might see the therapist as the problem-solver, the expert, or the one dispensing wisdom and change. Rather, therapy is clearly a collaborative effort, in which client and therapist together *construct new meanings* by playing a language game. De Shazer (like Wittgenstein upon whose foundation he lays his work) does not wish to give a linear definition of language games, but depicts them as the co-construction of meaning. Language games happen because of the way people use words. The reader of a text waits on each word to help understand previous words; "words are like freight engines that are pulling boxcars behind them filled with all their previous meanings" (de Shazer, 1991, p. 67). Reading inevitably involves misunderstanding the text, but in this creative misunderstanding, new and useful meanings can emerge (as can further misunderstanding). In therapeutic terms, therapist and client together read and write a text, putting together misunderstandings, such that the misunderstanding becomes beneficial to the client. De Shazer notes that not every misunderstanding will be beneficial; therapist and client work together to find the misunderstanding (or new meaning) that can construct a "reality that is more satisfactory" (de Shazer, 1991, p. 69). Nor can the misunderstanding be randomly selected. The therapist guides and focuses this collaborative work, keeping the language-game from becoming so slippery that meaning is lost altogether, and keeping nonsense or random meanings from creeping in.

The path to healing, then, comes through the therapist's discovery and use of discontinuities or exceptions in the client's problem-focused story. The therapist finds the

space between problem and non-problem so that the client need no longer be locked into this dichotomy. De Shazer refers to the “inversion” therapy seeks, in which the primary (the client’s perceived problem) becomes secondary, and the secondary (exceptions to the problem) becomes primary. To use another de Shazer expression, by this process a *decidable* (i.e. the client’s decision that this problem is unsolvable, or that the change she desires cannot happen) becomes an *undecidable* (maybe there *is* a way; maybe this problem *can* change; maybe I *can* get what I want). The healing is not a magical end-point, but a change in the client’s way of being, understanding, feeling, thinking about herself and her situation; in this sense, the process is also the end-point. The therapist aims not just to show the client exceptions, or previously unperceived spaces in which change can occur (or has already occurred, unknown), but to work with the client so that she can see them herself and learn to put them to work. A situation that seems all problem is found to have solution already within it; the solution is brought out so that it becomes the norm rather than the problem. Focusing on the solution and working with it, rather than focusing on the problem and being paralysed by it, allows change to occur or, it may be said, healing to happen.

One of the many metaphors de Shazer employs is that of *binocular vision*.

Physically, we have depth perception because our two eyes are looking at an object from two different angles, and the two views are being interpreted together. Therapeutically, client and therapist look at the same situation from their two different viewpoints, and the two together provide a kind of *depth perception* in which the situation can be seen more deeply and more richly.

It seems to me that one of the elements de Shazer’s therapy depends upon is the openness and fluidity of the therapist. The therapist is constantly hearing between the words,

seeing in the spaces, attending to what is unrecognized, looking for openings, exceptions, discontinuities and trying to find ways to widen them. All this done with, not to, the client; it is not based upon any preconception of the therapist's as to the diagnosis or problem of the client, but upon the discoveries continually being made within the therapeutic conversation. It is evident that healing, as the goal of therapy, requires the active agency of the therapist as well as of the client. It does not come from the therapist's prior knowledge or decision, but from what the client already brings, yet it does require the therapist's active participation, guidance, and even direction in order to occur. De Shazer suggests that there are ways in which, no matter how collaborative the process, the client may be dependent upon the therapist; for example, he notes that the client seems to need the therapist to certify the change—it is not authentic if the client alone has noticed it, but only if the therapist has agreed that it is so.

If the therapist's openness is required for the process of healing, so is the client's pragmatism. De Shazer explains that all clients are pragmatists, in that they want their suffering to go away. This pragmatism helps the therapeutic process, by allowing client and therapist to name goals and criteria for recognizing healing when it happens. Therapy does not need to go on endlessly, because the participants will know when to stop, that is, when the goal has been reached (healing has happened).

Noteworthy also about de Shazer's view is that healing is not confined to the therapy room, nor indeed is it really healing unless it takes effect in the client's life outside therapy. For this reason, the therapist constantly refers back to what has happened between sessions, looking for new ways to misunderstand that also. For example, parents and teenage son return and report that, on two separate days since the last session, things were fine among

them. The therapist picks up this *exception*—to them it may be difficult to notice, if they are concentrating on the twelve days in which things were not fine—and shows it to them, which in turn helps them to make the inversion so that the exception becomes the norm. A change of direction occurs. It is triggered in therapy, but happens outside the therapy room. In turn, it is recognized and encouraged in therapy, which enables it to become more stable in the client's life.

That change of direction is perhaps the most definitive moment in the process of healing, as de Shazer describes it, even though it may be impossible to pinpoint an actual moment of change. How do client and therapist know when healing has occurred? They decide together, in advance, what constitutes healing; in de Shazer's terms, they set a goal together, and decide the criteria by which they will know the goal has been met. This suggests that recognizing and identifying healing are actually part of the process of healing.

The book is not meant to list techniques or methods of therapy, but two of the methods used in this model help clarify its notion of healing. The first is the miracle question, constructed along the following lines: "if a miracle were to occur tonight while you are asleep, and your problem would be solved in the morning, how would you know?" The effect of this type of question is that the client envisions himself or his situation healed. By taking away the obstacle to its occurring—the client's sense of "I don't know how to make it happen" or "it can't happen"—an opening is made in which the process can occur. It seems that the therapist helps the client allow for the possibility, and then look at what made it possible. De Shazer's discussion of how the miracle question works suggests that healing comes from within the client, through the agency of the therapist; the therapist seeks to unlock the route to healing which is already available, by tricking the client into disclosing it.

A second technique which illuminates de Shazer's notion of healing is that of predicting the exception. The therapist works with the client to find some exceptions to the problem. For example, the client speaks of having been depressed for weeks. The therapist asks the client to recall a moment in those weeks when she was not depressed. Once the exception has been found, the therapist may ask the client to predict a time in the next two weeks when she will not be depressed. The intention here is to show the client that what seemed to her random, mere chance or fluke, is actually not random at all; it is simply that the conditions of its cause are unknown. If the exception can be predicted, then it can be accomplished. If it can be repeated, it becomes more real to the client, and a change of direction can occur. De Shazer has found that predicting exceptions actually increases their frequency; he considers it something of a self-fulfilling prophecy. Again, this suggests that the capacity for healing is already within the client, and the therapist is seeking ways to unlock it and make it accessible.

Perhaps the best single word to name de Shazer's notion of healing is *change*. The client wants change, but thinks it cannot happen, or is not within his power to effect. Change, evidently, is change for the better. That is self-deciding: "change is change as long as it is satisfactory to clients" (de Shazer, 1991, p. 103). Part of the difficulty is recognizing the change when it happens, and part is deciding to engage in it. One might say the therapist is awakening hope in the client, and that hope in turn helps change to happen. The fact of change is already the beginning of healing; it need not be, nor perhaps can it be, finished or fully accomplished. This is why the therapeutic process includes naming the criteria by which the goal will be recognized, so that therapist and client know when to stop meeting: change could (and probably will) go on and on, yet the purpose of therapy is not more

therapy, but a new and better life for the client outside the therapy room. As de Shazer says of ending his book, there is really no ending, but only a “sense of ending” (de Shazer, 1991, p. 157). This seems to be true of therapy also; there is a decision to end, not because healing has ended, but because therapy is not meant to continue forever. “Change is a constant, never-ending process. Nothing ever remains the same, nothing ever repeats” (de Shazer, 1991, p. 103).

Summary and Conclusion

Healing, then, for de Shazer, is definitive, but is also an unending process. It has no endpoint, but when the direction is changed from problem to solution, a *sense of ending* ensues. Healing is recognizable, and learning to recognize it is itself part of the healing process. The client himself must participate in the process, although perhaps the client alone cannot initiate it; the agency of the therapist, or rather the therapist in conversation with the client, is a necessary element of healing. Indeed, it is the relationship between them—the language games they play, and their creative use of misunderstanding—which is the fertile earth out of which healing can begin to grow.

The healing described here seems to be inner healing, although it occurs and is reflected in external reality. For example, the couple asking for help with her nymphomania does end up having a sexual relationship which is more satisfactory to them, but that change occurs because of an inner change facilitated by the therapist. Again, the boy who exposes himself does cease that behaviour, but it is an inner change that enables him to stop—and know the change is lasting, that is, he will not be likely to expose himself again.

For de Shazer, healing is clearly a change to something new and better, not merely a restoration or a means of coping with reality as it is. He seems to work from a great hope

and confidence that solutions are not only possible but present, that change is available, and that the capacity for healing already is within the person. It involves self-discovery and transformation and, though he does not use terms such as spiritual and redemptive, is compatible with views of therapy that work spiritually and see redemption as the goal. He is aware that the process itself is part of the goal, and indeed, *goal* is a slippery term because there one never really arrives there, but is always on the way.

Of the three notions of healing studied in Chapter 1, de Shazer's is most similar to that of Pilch. Both emphasize the relationality of the healing work, and both see the bringing of new meaning as a hallmark of healing. For Pilch, this new meaning brings about the desired effect of restoration to the community. For de Shazer, it allows the client to return to his or her life and relationships in a new and better way.

Clebsch and Jaekle's understanding of healing as one pastoral function within a larger whole is relevant here; one of the reasons de Shazer espouses brief therapy is that he does not consider plenty of therapy a desirable result, but rather, a better life for the client within her own context.

Their emphasis on healing as bringing about new insight and an improved state of soul is explicitly spiritual, as de Shazer is not, but is not out of keeping with his view that change and new meaning are the goals of therapy. He is like them in seeing healing as relational, personal, and more a process than an end-point. They see crisis as an opportunity to go to a new level; de Shazer finds the opportunity not so much in the crisis itself, but in the exception to the problem which therapy is able to see when the client is so overwhelmed (saturated) by her problem that she cannot see any opportunity at all.

Rover's view is by far the most dissimilar to de Shazer's, since Rovers focuses so much on childhood wounds and de Shazer prefers to stay completely in the present. Nor does de Shazer give any attention to the unconscious, whereas Rovers delves into the unconscious to uncover the wound. Still, both see healing as a process more than an endpoint, and Rovers might agree that one simply decides when to end therapy, rather than reaching a definitive endpoint. Rovers sees the client's coming to awareness as an essential element of healing, which is consonant with de Shazer's view that the therapist agrees to help the client and work with the opening where change can occur.

De Shazer agrees with all three of these works in seeing healing as ongoing, and as going beyond restoration or coping to something new. Unlike them, he does not consider any spiritual dimension of healing—not explicitly rejecting it, but simply not including it as a category of either discussion or therapy.

Having brought the questions about healing to de Shazer's work, and discussed his notion of healing (made possible by misunderstanding him to be referring to healing, a word he does not use), in context of pastoral care and counselling, I now turn to George Freemesser's understanding of healing in order to compare and contrast the two.

Chapter 3

Healing in the Understanding of George Freemesser

The Work of Healing: Keep the Focus

The sources upon which I draw in describing Freemesser's notion of healing are four. First is *Mystical Compass*, his autobiography until 1986, written in that year, and published privately. Second is his prior work, *The Psychiatrist of Galilee*, an unpublished manuscript; it was re-worked and published under the title *Learning to Live From Within: A Glimpse of Jesus as a Healer* (Dimension Books, 1985), but since Freemesser preferred the original to the edited version, I shall work from the former. The third source is a collection of his poems, written mainly in the 1980s, and gathered together for the Basilian archives in 2003 (Poems, 2003). The fourth and final source includes recollections and personal interviews of those who knew him, myself included (Personal Recollections). Of these, I shall draw especially upon the notes from a formal interview conducted with him in 2003 by my brother Peter, then a psychology student (Marrocco, 2003). Though all Freemesser's works are imbued with his sense of what healing is and how it happens, this interview is the only written source I know of in which he explicitly describes his approach and method of therapy.

The genres of George Freemesser's writings speak about his view of healing: he wrote an autobiography; a Scripture study, looking at how Jesus healed; and poetry². Healing, for him, is rooted in the nature of the human person. He complains that counseling approaches rarely look at the nature of the human person, whereas his own approach is to follow the "wisdom imprinted inside the human person", both counsellor and client

² He also wrote and preached many homilies, some of which are collected in his archives, but which are not included in this study because they are explicitly devotional in intention. His personal and business correspondence has not, as far as I know, been collected.

(Marrocco, 2003). Therefore to know and tell his own story, in his autobiography, is a way of showing how he understands the work of therapy. Healing is also, ultimately and completely, the work of God; the therapist is an agent of healing, no more and no less. Hence he studied Christ's way of healing, both as a model for the therapist, and as a reminder that the therapist could work only in cooperation with God.³ Healing, though many aspects of it can be defined and though the therapist can and must be trained and formed, is ultimately mysterious, mystical, and worked in the darkness (of unknowing, of faith); therefore poetry was for him an appropriate form of expression.

His autobiography is entitled *Mystical Compass* because he came to see himself as a compass for his clients, helping them to find direction. His goal was that they would find their own inner compass, and no longer need him in that way. His ability to understand and access the compass, or guide, within himself came as much from his own weakness as from his strength. Over and over, in his autobiography, he comes up against his weaknesses of self-doubt, over-work, perfectionism, and striving after worldly success. Yet through his struggles with these weaknesses, he was able to engage with the weaknesses of his clients, not as liabilities but as the locus of transformation and healing. Though he considered knowledge extremely important, and spent much of his life acquiring scientific knowledge, he saw that it could actually get in the way of truly meeting the other. He describes, as a medical student, some of his learning experiences: for example, the child with whom he was at a loss, until he simply started playing with him, letting the child push him around in his chair (and thus discovered the child's struggle with authority) (MC 64); or the young man whom he thought resistant, because he would not answer Freemesser's questions, until

³ The question of Freemesser's relevance to persons of other faiths, or no faith, will be taken up at the end of this chapter.

Freemesser discovered the young man's presenting problem was that he had been suddenly rendered mute (Freemesser, 1986, pp. 66-67).

Requirements of a good counselor, for Freemesser, include: doing one's own personal work; having been through the process of healing oneself; willingness to enter into silence, stillness and prayer; avoiding trying to fix or change the other; staying with one's own process, so as to teach the process (and the existence of the process) to others (Marrocco, 2003).

He sees persons as fundamentally good, but inevitably hurt: "all made in God's image. All wounded" (Freemesser, 1985, p. 99). We are wounded in one way or another by life; there is "within us, each one of us, a tearful, unhappy, lonely, hurt and rejected child" (Freemesser, 1985, p. 18). Because of our wounds, we try to hide and cover up, try to be strong, try to control and be in charge of things. Healing means coming back to the vulnerable child and allowing that child to be embraced, loved, cared for and renewed. For example, he describes Malcolm (ascribing this name to the unforgiving debtor of Mt 18:23-26) as a suspicious, mistrustful man whose childhood wound of not being trusted had never healed; consequently, he ended up "walling himself off from personal relationships which might hurt or betray him, and perpetually seeing attacks where none was meant" (Freemesser, 1985, p. 63). This wound emerges in anger and abuse inflicted on a fellow-servant, and inability to accept forgiveness. Drawing on a metaphor used by St. Paul, Freemesser describes the creation of a wall, or a barrier; healing is the dissolving of this barrier (Freemesser, 1985, p. 59). Forgiveness heals; Malcolm's inability to accept forgiveness keeps the barrier intact, whereas Peter's healing acceptance of Jesus' forgiveness

(John 21) enables him both to forgive himself, and to “share the forgiveness that heals with all who crossed his path” (Freemesser, 1985, p. 64).

Fundamentally, humans deeply long for intimacy, but suffer from a terror of coming close; we respond by keeping our distance, and surrounding ourselves with having and doing (Freemesser, 1985, p. 42). Healing is personal, relational and total; it means going into one’s inner depths and finding there a new self, and with it the ability to be present to others. The journey is not to be taken alone, for mutuality is constitutive: “In essence, then, healing is a mutual, loving relationship, and unless it is mutual and unless it is loving, it is not healing” (Freemesser, 1985, p. 84).

Finally, the process of healing is the process of learning to love, not what we do or have, but who we really are: “it is a process based on the courageous activity of allowing ourselves to be changed by allowing ourselves to be loved” (Freemesser, 1985, p. 41).

Hallmarks of this process, in Freemesser’s view, include: authenticity; integration of body, mind and spirit; the long-term process; the existential and experiential; the new self; the therapeutic relationship; use of his psychiatric training; and use of his priestly formation.

Authenticity: “Revelatory, Not Condemnatory”

Freeing the client to be herself is perhaps the heart of the healing process for Freemesser, because healing comes from within the person: “the power to heal is already ‘there,’ within us” (Freemesser, 1985, p. 84). In order to promote the client’s freedom, the therapist must also be inwardly free, or at least well on the way to inner freedom. Therapy includes the work of telling the client’s story, but telling it with compassion and without judgement. This view is reflected in *The Psychiatrist of Galilee*, in which the narrator imaginatively tells the stories of several Scriptural characters, and through the compassionate

presence of Jesus, their stories are re-told as stories of growth and healing rather than stories of anger, misery and betrayal. For example, in retelling the encounter between Jesus and the woman at the well (John 4:5-42; Freemesser, 1985, chapter 7), Freemesser describes her healing in this way: "she had begun to perceive herself as good and to experience goodness as vital, so vital something seemed to fill her and to spill over" (Freemesser, 1985, p. 70). He explains that Jesus brought her to this state in three ways: by being present as he was, not playing a role; by listening, so as to find out how to meet her; and by beginning to challenge her, gently, gradually, offering conversion without judgement or condemnation, with "slow, patient, trusting, loving guidance" (Freemesser, 1985, pp. 70-71). He goes on to note it was Jesus' own self-acceptance that allowed him to be present to the woman in this way (Freemesser, 1985, 73).

Freemesser saw himself as following the "wisdom imprinted inside" the client, and himself; in so doing, he was following what he considered a tremendous life force. He held that life is stronger than death, and that the key to healing lies within the human person. For this reason, his counseling was thoroughly personal, and involved his own continued healing as well as the healing of the client. Techniques, though he had his own and used them, were not of primary importance to him. As far as techniques were concerned, his essential principle was: "do what works"—for you (therapist) and this client, not for some other person or persons. "What works" might vary from one client to another, and even from one day to another. "I'm following the process of the other. I want to know where they are, and I will guide them in their process. I'm coming out of my own experience of it" (Marrocco, 2003).

He did not particularly value objectivity; the more the therapist could be himself, the more the healing process would be served. For Freemesser, his own struggle, awareness, experience, were a necessary part of the process. My own experience of his counseling method bears out this insight. A turning-point for me was initiated on a day when I felt utterly lost, alone and broken. I recall Freemesser gazing at me with great compassion, and saying: "I know where you are. I've been there." His response was neither objective nor dispassionate, but brought his own experience of both struggle and healing into the therapeutic conversation. He was quite ready to disclose aspects of his own healing process in order to be present to the client.

Revelatory, not condemnatory, was a watchword for him in helping clients delve into their own stories and meet their wounds in order to find healing. His description of the Psychiatrist of Galilee focuses in every story upon the compassion of Jesus in bringing people to new life through his compassion and love for them. Several of these stories show Jesus speaking strong words of truth, for example calling the adulterous woman (Freemesser, 1985, p. 2) and the man with the huge barns (Freemesser, 1985, p. 37) to see how they are harming themselves, but always with compassion, never with judgement. Despite his strong desire to alleviate the pain of others—a prime motivation for his entering medicine—Freemesser did not advocate avoiding the hard things.

He did, however, advocate finding where the energy is in the client, which often meant zeroing in on the person's emotions. *Trust your intuition* was a common admonition to both clients and aspiring counselors.

Integration of Body, Mind, Spirit: Listen to your Body / What does your Little Voice Say?

For Freemesser, as he reiterates throughout MC, healing involves the integration of body, spirit and mind. He continually sought such integration in his own formation, moving from medicine (physical healing) to priesthood (spiritual healing) to psychiatry (mental healing). The pursuit came not from a theoretical ideal, but rather from a visceral intuition, from his own sense of what he needed in order to do the work of healing. He needed to be able to engage all three, and to see how they interacted with each other. He describes several incidents in which, in his own life, a physical illness alerted him to an inner struggle. While studying for medical examinations, he developed hives, which so completely covered his body that he was barely able to hide them long enough to complete the examinations. They went away almost instantly afterwards, but he saw them as a witness of his own anger and frustration: "As I pondered this violent reaction, I found I could put faces on those swollen red dots. They were the faces of the people from whom I had experienced so little understanding, so much frustration, and from the systems which caused me so much suffering and which I had so deeply resented" (Freemesser, 1986, p. 30).

Much later, as a successful and sought-after psychiatrist and spiritual counsellor, he developed pneumonia and a closed lobe of one lung—which cleared up when he "got something off his chest" (Freemesser, 1985, ch.1). He would ensure a physical illness was treated medically, but at the same time, he would listen for what the illness was saying inwardly. He learned to ask the questions raised by the illness and, resisting the temptation to answer the questions, be still enough to listen and wait, like a pregnant woman awaiting birth (Freemesser, 1986, p. 11). In this way, he explains, one enters into the tension, rather than solving it, and so can discover something new. In the case of his hives, he learned how anger can be hidden within a seemingly composed and successful person. In the case of the

pneumonia, he learned that he had been trying to do all the healing himself, rather than letting God be the healer.

In these and other ways, he learned to use the workings of the physical body to understand and illustrate the workings of the spirit; “the body is a visible example of the invisible life” (Freemesser, 1985, p. 30). For example, he explains that an abscess has both local (redness, putrid materials) and systemic (fever, weight loss) effects; it can be healed only by radical surgery, namely, lancing and draining. He extrapolates to speak of an abscess of the spirit, when someone who has been hurt nurses resentment and revenge; this abscess has a local (hardening the heart of the sufferer and isolating that person) and a systemic effect (the toxicity spreads to other people) (Freemesser, 1985, pp. 58-59). These hurts require radical spiritual surgery, namely, forgiveness, which happens in four stages: facing the other, forgiving through finding sorrow for the situation, forgetting which means letting go, and freedom which is the joyful fulfillment of the healing process. He delights in using a bodily analogy to describe the workings of the inner life, as for example his discussion of the sympathetic and parasympathetic nervous systems to show the need of complementarity between activity and relaxation (Freemesser, 1985, p. 30). He also found that physical illness influence emotional states (Freemesser, 1985, p. 65). Again, the afflictions of body, if we listen, can teach us not only how we are harming ourselves or others, but also why we are doing so (Freemesser, 1986, p. 98). The result is that one learns to listen to the “inner voice,” which is really the goal of therapy: “it is important, it is essential, that we nourish an ability to believe in an inner voice, an ability to march to an inner tune” (Freemesser, 1986, p. 19). A common therapeutic question, for him, was: “What does your little voice say?”

Healing is physical also in that it involves reaching beyond oneself to touch the other. One of Freemesser's hesitations in entering psychiatry involved his love of the tactile dimension of medicine; he feared that by entering into psychiatry, he would forfeit the element of touch. Describing the healing of the woman at the well (John 4), he observes that part of her healing was her desire to share her experience with others, even though she did not understand it. He speaks of a "tangible energy in healing" which reaches out and links the healed person to others. As with bodily cells, both wounding and healing are contagious, he notes (Freemesser, 1985, p. 97).

In his own education and formation, he frequently felt the tension between science and ministry, medicine and religion, psychiatry and faith. As a medical doctor and a psychiatrist, he found that colleagues at times had trouble accepting, or understanding, his priesthood; as a priest, religious colleagues could be suspicious of his scientific knowledge. Each, it seemed, was suspicious of the other, yet each needed the other. Freemesser in a way personified the tension, since he himself needed both, and had to find a way to stand between them. His decision to enter religious life came out of a real sense of needing the spiritual nourishment, the attention to silence and listening, the space and time devoted to inner realities; he frequently mentions how thankful he was to have had this milieu as part of his world. For example, after entering the Basilian community, he was accepted in psychiatry at the Mayo Clinic; when his superior told him, instead, to take as much time as he needed in community life before taking this step, he experienced this invitation as a gift (Freemesser, 1986, p. 51). On the other hand, he thrived on the active practice, the world of science, education and healing, but he experienced it as risky for him because his soul at times collapsed due to lack of breathing room (Freemesser, 1986, p. 87). During novitiate, he

explains, he made a covenant with God to spend some time in solitude each day of his life, being determined “not to become a person with a head swollen with knowledge but a heart shrunken and without compassion”; to this end, he needed “moments of prayerful silence which I now refer to as moments of breathing” (Freemesser, 1986, p. 70). His 1970 poem, “Alone,” about the importance of silence, and the way it helps us discover our inner voice, is worth quoting in full:

Wisp of wind
leaves rustling
whistle in the breeze
flapping of the waves
memories of far-gone days.
Oppressive silence
flee oh spirit
yet heart be not afraid,
await with courage.
Quest for the unsatisfying,
only there be satisfied.
A voice heard
but no words,
silent murmurings
strain did I,
labor many years
until silence became my friend.
In the midst of turmoil
my heart was silenced
a new man arose
from whence he came, I knew not:
from then on,
I would be alone,
and yet the world was with me,
for only silence and aloneness
could give it birth.
Suddenly I felt
the beautiful gentle breeze. (Freemesser, *Poems*, 2003)

Long-Term Process: You Can't Skip Steps

For Freemesser, healing is ongoing, a long, slow, arduous process. “‘You know,’” his Psychiatrist of Galilee remarks to the Twelve, “‘healing is not what it is so often thought to be. It is never something finished—always an on-going affair. That dramatic moment when a man gets off his bed and walks is only a sign of the reality of what has begun—it is not the finished thing... It takes time. It takes a lot of time’” (Freemesser, 1985, p. 80). Sometimes things can happen quickly; his experience working in a day clinic taught him that much can be done even in the short-term. In the end, though, surrendering into the healing process means the beginning of a long, difficult, though glorious journey. He sees it not as a rational process which we create, but rather as an inner process into which we surrender. The process of healing needs an agent: for Freemesser, the agent was Christ himself, but for clients, the therapist can also become an agent.

He considers the path of healing arduous and difficult, but overflowing with joy, especially when the therapist is there to encourage, accompany, guide (when necessary), suffer and rejoice with the client. Joy, indeed, is the accompanist and the outcome of healing (Freemesser, 1985, p. 93), as reflected in the 1970 poem, “Endless Desire”:

Tears flowed on my cheeks,
for I saw
that it is painful,
yet a joyful quest. Poems, 2003

There will be times of being stuck, but there is always a way through, and often being stuck has the effect of keeping someone still long enough to discover what the inner voice is saying. Helping persons to become comfortable with their own inner selves, able to go inside rather than running in circles to avoid the inner places, is a key ingredient of his approach. “Nothing is wasted,” he felt, for whatever happens can help lead one deeper into the truth of one’s own self and one’s relationships. “You can’t skip steps,” he might say in

response to a client's distress at being where she was, or the inner work she was facing. He always saw those moments of apparent blockage as steps along the way to healing. At times, he would counsel the struggling client to stop trying to get out of the "stuck" place, stop fighting to climb or break the wall that seemed to impede, cease expending energy in escaping and simply remain where she was. In this way, one might actually be still enough to discover the healing that was being offered. "Wounds in the process of healing have a pain peculiar only to that time" (Freemesser, 1985, p. 81), and even the pain of the healing wound can be part of the healing process itself.

Existential and Experiential: Trust the Process

Freemesser was a lover of the hidden, the mysterious, and the mystical. His approach to therapy works concretely and practically, physically and mentally, but ultimately healing means going into the darkness. The darkness, though Freemesser does not define it, alludes to the unknown, the inner life, the unconscious, the place where the human spirit encounters God. One must look within for the radiance of God's glory—a surprise, since one might expect to find only weakness, failure and brokenness within. "Let God surprise you," was one of Freemesser's favourite expressions, in keeping with his view that healing is not our own work but the work of God in which counsellor and client participate. The external outcome of therapy varies with the client, since the process is so personal.

He liked to work with the unconscious, including dream interpretation which he made available to clients. From early days, with the death of his mother, Freemesser had a sense of the *dark forces* that are at work in human life, and had a great respect for their power to cause suffering. He found that recognizing the dark things makes them easier to handle. Certainly it was, for him, detrimental to ignore the unconscious, to let the inner depths stay hidden and

not bring them somehow to the surface: “what dark shadows can surface from the unconscious and, though they make no sense on the conscious level, continue to torment us and influence our thinking” (Freemesser, 1986, p. 26). The therapeutic process involves allowing the dark depths to surface in order that they can be healed; the compassionate presence of the therapist makes it possible for them to emerge towards healing, rather than towards destruction. There are “enormous forces within which do not come from us, the therapists, but must be guided by us.... Our role is not to control, but to be servants and midwives helping out in the labour pains of the remarkable process of growth and development” (Freemesser, 1986, p. 66).

For him, it is by being present to the suffering of the client that the therapist can be an agent to begin the healing process. It was in his own moments of deepest suffering that a healing moment occurred, from the pain of rejection into medical school to the bout with pneumonia in a California hospital. Though mysterious and mystical, therapy is also terribly concrete; it comes about in a particular situation. For example, his deepest questioning of his priesthood, which led ultimately to his re-commitment to his work as combined priest-psychiatrist, arose not in the abstract, but through the experience of falling in love with a certain woman (Freemesser, 1986, ch. 8, “De Profundis”).

The New Self: Mystical Compass

There is a new creation inside everyone, beyond their understanding. The essential goal of therapy is to help people come awake, discover and accept the true self, uncovering the personal identity which was already written within, making the radical shift from living externally to living from within (Marrocco, 2003). The work of therapy is to help people come awake, for most are asleep (Freemesser, 1986, p. 75). Healing is the waking-up of the

inner self, the “new self” in Christian terminology taken from St. Paul. It is a question of discovering a person’s inner identity: finding one’s name, finding one’s voice, discovering one’s new name, are some of Freemesser’s terms for this process. Scripturally, he refers to Revelation 2:17, the white stone with the new name, and Isaiah 62, being called by a new name (Freemesser, 1985, p. 45). Therapy helps build the vessel that can contain the new identity.

Receiving a new identity also means undergoing the painful process of letting go the old self and the old ways. Adhering to a faulty self-image can make it difficult to accept the process of healing (Freemesser, 1986, p. 47). “Let go of everything, and you’ll get more than your wildest dreams in return,” he might tell clients: a seemingly exalted promise, depicting the magnificence he saw in the human person become fully alive, self-accepting and free. It is a process of surrender which is extremely difficult for humans, who prefer to know, grasp, see and control. Humans cannot bring it about by our own efforts; it requires relinquishing control, which tends to be terribly uncomfortable (Freemesser, 1985, pp. 4-5). Yet in the end, keeping control of our lives keeps us in a state of misery if not despair. Freemesser himself, in his own life, continually struggled with the desire to be in control and continually re-surrendered; and it seems that, the farther he proceeded in his practice, the more he saw the need to control as a barrier to human growth and human relationship. Learning to surrender is, for him, a process which cannot be achieved all at once; it is “a never-ending struggle, a daily, an hourly struggle” (Freemesser, 1985, 8). We may be impatient with ourselves as we must continually re-learn it, but this is almost inevitable because it is a case of undoing repetitive, destructive patterns and freeing the true self. Healing involves radical

change, and often it is fear of change that blocks healing; it is easier to believe things cannot be changed, and not enter onto the arduous path of healing (Freemesser, 1985, p. 86).

Freemesser writes (1986, ch. 6) that, in the 1960s and 1970s when he was learning psychiatry, that field had lost some of its optimism in regard to the potential of change and healing for the human person; often, it seemed, learning to cope was the most that could be expected. Freemesser himself resisted this response to suffering and woundedness. His optimism in the power of the human spirit and the energy of life itself was never quenched, not because he closed his eyes to human pain—"scratch the surface on any one, and you'll find a world of pain you couldn't imagine" he remarked (Personal Recollection)—but because he saw healing not as restoration to a former condition, but as a birth-process which would bring about a new self. He particularly liked the image of the birth canal to describe the transformation that occurs, often from a place that seems like desolation, peril, even death. The new self is not achieved by erasing the old; "we have been transformed into something brand new which yet did not destroy what we were" (Freemesser, 1985, p. 130).

The tension of opposites—dark and light, pain and joy, old and new—attracted him greatly, as a place where the unexpected could happen. "The healing process is unceasingly at work and the pain of it becomes a mysterious joy," he observes (Freemesser, 1985, p. 19). In working with couples, for example, far from being dismayed by anger and frustration between them, he reveled in unearthing the anger that he saw as buried and suppressed, believing that when anger moved, other things could move as well. He liked to challenge clients to respond viscerally, rather than intellectually, encouraging them with questions such as: "would you get out of your head?" or "what's your gut reaction?" He reacted to tears with complete attention and compassion ("those tears are extremely important") and to

complacency or inertia, sometimes, with provoking questions meant to stir a reaction. I once challenged him to place a heavy but mobile object within reach of the client's chair, to see just how far he would go in eliciting such reaction.

Discovering one's quest or mission in life is part of the process of discovering, accepting and taking on the new identity. The therapist's task, often, is to assure clients they are not off the mark, and reassure them they are going in the right direction (the therapist being the "mystical compass"). In regard to his own life, and his clients', he felt that nothing is accidental and nothing is wasted; not that humans are God's puppets being told what to do and where to go, but that God works with whatever we give in order to accomplish the work of healing in which we have engaged.

The Therapeutic Relationship: Compassionate Presence

In the end, healing is relational; it cannot occur except through relationship. "In healing there is an *exchange*. Unless healing is mutual, it isn't healing" (Freemesser, 1985, p. 83); "it is only in this mutual exchange of spiritual energy that healing can take place" (Freemesser, 1985, p. 77). Ultimately, this exchange involves the client's relationship with self, with others, and with God. In therapeutic practice, it means the relationship between therapist and client is a locus of healing. This made sense for Freemesser psychologically, because he saw isolation and loneliness as prime ways in which persons are wounded, and thus healing must involve coming into relationship. Spiritually, it connected with his commitment to Christianity, in which Christ's immanence is the power of healing in human life, and this healing comes through relationship within the Mystical Body of Christ. If the focus is on the wound or even on the healing, then nothing happens; only in the unfolding of the relationship can healing take place (Freemesser, 1985, p. 90). The coming-forth of the

new self is unique to each person, but is also part of the larger human reality in which a new humanity is brought forth, as in his 1963 poem “Compassion”:

A new village shall we be
in the global garden
the new planted tree.
In weakness and suffering, joy and sorrow
with compassion, we shall be free. (*Poems*, 2003)

Healing is not “done to” anyone, but offered; even God, he suggests, does not impose healing, but offers and waits to see whether it will be received. Having portrayed Jesus as describing the workings of healing, he concludes with these words: “Jesus fell silent. And the crowd was silent. And Heaven was silent, listening with bated breath for [humanity’s] response” (Freemesser, 1985, p. 57). The client’s response is needed; it is within the client’s power to refuse or consent to the offer of healing (Freemesser, 1985, p. 82). Refusal to play one’s part, or refusal to accept the part another plays (both of which stem from the desire to control), can be obstacles to healing (Freemesser, 1985, p. 83). He describes *curing* as that which we undertake on our own, of which the effect is a mere *amelioration of symptoms*; but healing is that which is done in compassionate relationship, and healing is “ultimately permanent” (Freemesser, 1985, p. 84).

Because the process of healing is relational, the person of the therapist is an integral part of the process, as is the person of the client. Freemesser saw his own emerging identity as an essential element of his therapeutic work; far from needing to jettison or bracket himself in order to promote healing in his clients, he increasingly saw that his work came out of and involved his own story of healing and taking on the new self. As his practice developed, he discovered names for himself: Mystical Compass, the title of his autobiography, emerged for him while on a retreat. In keeping with his sense of connection

between body and spirit, he liked to refer to himself as “God’s little white blood cell”, for just as the white blood cells roam the blood stream waiting for a crisis, he awaited a crisis and went to the place of pain or turmoil to bring healing (Personal Recollection). Again, he prayed to be an “arrow in God’s quiver,” reflecting his sense that healing is God’s work in which the therapist participates. Above all, he heard for himself the name “Compassionate Presence”. Beyond technique, knowledge, understanding was the capacity simply to be a personal presence to the other, without judgement, but first of all with compassion, “willing to suffer with them. I don’t know where they’re going either. I spend much time reassuring people that they will get there” (Marrocco, 2003). This means the therapist emerges from the depths of his or her own experience: “you can’t go to the depths with others until you’ve been there first,” he said repeatedly. Being willing and able to enter into others’ pain without losing hope was essential; “I would learn, and learn again and again, about the tremendous pain that people carry” (Freemesser, 1986, p. 55).

An effect of this personal dimension which Freemesser himself found difficult to accept is that of the therapist’s limitation. No one is called to heal everyone, he explains; in fact, one is called to help only a very few. As a therapist, this means one is asked to work with some, but not with most. In the Prologue to *Psychiatrist of Galilee*, he enters into the story of the paralyzed man at the Pool of Bethesda who is healed by Jesus. He portrays the healing as physical, but more deeply still, spiritual; the two realms are interconnected. However, he as narrator asks Jesus why so few are able to get to the pool of healing, and why he as therapist is able to take so few. Specifically, the question arises from Freemesser’s experience of a woman’s suicide. The response is that he is asked to help only those he is

asked to help, and the work of healing is meant to be shared among many (Freemesser, 1985, p. v).

Use of Psychiatric Training: Triple Threat

Freemesser's pursuit of medical and psychiatric learning reflects his sense that such knowledge is important and useful in therapy. He himself, as a psychiatrist, dealt with both diagnosis and medication. As a physician, he argued against those who opposed medication or medical treatment on religious grounds, but he saw limitations as well as benefits to medication (Freemesser, 1986, p. 61). He did not see it as replacing the slow work of healing, and felt that the promise of quick cure was likely to be illusory (Freemesser, 1986, p. 61). On the other hand, to work with the mysterious, the inner, the spiritual, one needs the assistance of science "in order to sort out its various aspects" (Freemesser, 1986, p. 75).

He considered diagnosis and medication useful tools to assist the deep inner work which, ultimately, was personal, relational, and mystical (unquantifiable, beyond the tangible and measurable). For example, his practice included work with a patient who was diagnosed as psychotic. Collaborating with another psychiatrist, who specialized in such work, he worked out medication for this patient, but did not consider the medication the end-point. Rather, he described it as creating a "ceiling and floor" so that he could "get in the room" with the patient and do the therapeutic work of healing (Personal Recollection). He was always impressed by the holistic way in which life is experienced, body and mind communicating with each other (Freemesser, 1986, pp. 28-29).

Use of Priestly Formation: The Holy Spirit will Thread the Needle

Finally, but essentially, prayer is a non-negotiable element of healing in Freemesser's understanding, for both client and therapist. He frequently urged clients to keep prayer,

stillness, meditation, presence to the inner world, without which the healing process would be overwhelming and it would be hard to stay the course. He saw that healing is difficult, and most people do not wish to go through the hard work of waking up and becoming free. In order to undertake and sustain this hard work, prayer is fundamental and essential, and there is no progress without it; he encouraged couples to pray together.

As his autobiography shows, he went directly from medical training to novitiate because he needed to learn to pray, to be in the stillness, to have an inner life and not get lost in doing and achieving. This lesson he learned over and over; he describes in his poem *Mystical Mirror* the re-discovery of its importance:

Degrees, roles, positions, publications in endless array,
 Everything accomplished in perfection, in awesome control. ...
 A straw me, created by compulsions....
 The outer man pretending, as the inner man was dying....
 Then solemn silence descended upon me,
 Led to a mystical mirror of indescribable beauty,
 Revealing, imprinting, the truth of who I am.
 Seeing my image and likeness in him,
 Brilliant rays of compassion embraced me,
 Igniting a new and everlasting flame within,
 Sending me forth to reflect this brightness of his image
 Amidst the misery, the pain and turmoil of our earthly life....
 Longing to proclaim love's secret:
 That within us all, his child is ever born again. (Poems, 2003)

When he entered into psychiatric practice after six years spent solely in religious life, he made a personal commitment to begin each morning with silent prayer. To this end, he somewhat reconstituted himself from a night person to one who invariably rose early. According to his autobiography, and his own word in later years, he never succumbed to the temptation to skip or shorten this silent time. In response to those who might wonder whether he was too fixed on prayer, he would ask whether they would give up a morning of breathing (cf. Freemesser, 1986, p. 70). He often said that his practice depended upon his

spending the first three hours of each day in prayer. He valued and reveled in knowledge and learning, but was always wary of their becoming ultimate values: “of what value would it be to become powerfully knowledgeable about suffering and death but have little or no heart in my meeting with them?” (Freemesser, 1986, p. 57). For him, his priestly formation and religious life were necessary antidotes to these temptations, and helped him keep his psychiatric practice rooted and centred.

Because his understanding of healing is so strongly rooted in his Christian faith, and his relationship with the God of Jesus Christ, the question must be raised as to his relevance beyond those of Christian faith. He sees himself as not belonging to any one school of therapy, though feeling most comfortable within the broad category of existentialist therapy (Marrocco, 2003). Because he works from the person of the client(s), and from the centre of freedom within each person, he need not work from explicit Christian principles nor solely with Christians or even with persons of faith. Nevertheless, it might be said that anyone completely closed to faith in the unseen might have trouble connecting with Freemesser’s approach, especially since he always saw God as the healer. “You can’t—God can” he might say when the client, upon glimpsing the mountain ahead, would wonder how it could ever be climbed. Or, when there seemed no way to turn, to put things back together or even to cope, he might say: “Let the Holy Spirit thread the needle.”

Strengths and Weaknesses

A weakness of Freemesser’s approach is that it is for the few, not the many—both client and therapist—for, as he would say, “not everyone is willing to go this way,” nor perhaps is this way suited to most. It is demanding and difficult. Further, his method is so personal, and so independent of techniques, that it requires intensive inner work on the part

of the therapist, and may be difficult to grasp for those who have not themselves undergone it. Those who prefer quantifiable, measurable approaches may find this one vague and frustrating. Though Freemesser was excellent at leading others, it was more difficult for him to explain himself in the written word, and it is unclear whether the written word alone can convey his understanding and method.

Because his therapy is long-term (“long,” “slow” and “arduous” are frequently-applied adjectives), it may be problematic to sustain, especially within the current demand for brief therapies and therapies that are economically viable. He saw a large number of patients, but surely paid a personal price for this large clientele, though his religious life helped make it possible. He himself, practising in Canada as a psychiatrist covered by medicare, was able to be available to clients of meagre economic means. The problem of his approach’s applicability to those of no faith, or a faith different from his, remains to be further debated.

The strengths of Freemesser’s approach include its simplicity, for it comes back again and again to the underlying principles outlined above. He could explain, illustrate and expound upon it in many ways, but it rested upon compassion, presence, and relationship. In addition, it is wholly personal, revolving around the person of the therapist, the person of the client, and the relationship between them. Therefore, it is not static but grows and develops with the therapist; partly for this reason, I believe it is not wedded to a particular time or place. His intensive, long-term approach means that healing, when it comes, is deep, comprehensive and well-grounded. His client-centred approach means that his therapy is fully focused on the person of the client, and works with the client to draw out his or her own best self, from a vision of the healing and wholeness that are possible for this person. He is

holistic, keeping body, mind and spirit in play, which makes his approach—despite its intensiveness—accessible to most people, for those who have more difficulty with the external can begin from the internal, and those who have trouble dealing directly with the internal can work from the external.

Summary

The importance of the client-therapist relationship, the relevance of the therapist's own personal journey as well as the client's, the power of healing which lies within each person, are key elements in Freemesser's method. Though he certainly uses techniques and skills, and values his medical and psychiatric training, he considers these as tools in service of the primary, ultimately indefinable work of drawing out the new self. His existential, experiential approach is not anti-technique nor anti-science by any means, but draws on science and therapeutic technique in the larger work of healing, which in the end is interpersonal, relational, and rooted in prayer.

Like all the previous authors studied, Freemesser sees healing as an ongoing process, not a once-for-all event, although it can have definitive moments. He considers it as involving all three dimensions of mind, body and spirit (or soul), and the integration of the three as being an essential element of healing; in this regard, his view is closest to that of Pilch. For him, as for all four previous authors, healing goes beyond coping or restoration to transformation. Freemesser sees healing as the re-working of the person, the discovery and development of the "new self" and the new name, which do not erase but fulfill the old. It can happen simply through the person's own inner work in relationship with God, but the healing agent (the therapist) can be the guide, or compass, who helps enable clients to come to this new way of being and sustain it without further need of the therapist.

This analysis of Freemesser's understanding of healing prepares for a final comparison of his thought with that of de Shazer, in context of pastoral care and counseling as developed in Pilch, Clebsch and Jaekle, and Rovers.

Conclusion

Having established some criteria for understanding healing in context of pastoral care and counselling, through the studies of Pilch, Clebsch and Jackle, and Rovers, I have brought these criteria to bear on the thought and practice of Steve de Shazer and George Freemesser. It now remains to discuss the similarities and differences between the views of the latter two, the compatibility of their views with the pastoral care context established via the first three authors, and the application of Freemesser's understanding of healing in therapeutic practice.

Both de Shazer and Freemesser consider that human persons have their own source of healing within, and that part of the therapist's work is to help unlock the potential for healing that is already present. The path to healing is, in a sense, discovered within the therapeutic conversation. The client's participation in the process of healing is essential; it is not a matter of the therapist's telling the client how to heal, but rather of therapist and client working together to discover this particular person's path of healing. Both consider healing as an ongoing process, and see it as transformational, not just learning to cope with a problem or restore former equilibrium, but really instituting a change to something better and unprecedented. They do not see healing as a once-for-all event, but rather as a ongoing and developmental; for Freemesser, healing is never finished until death because human life is not finished before that, and for de Shazer even the end-point of therapy is rather arbitrary, an agreement to stop rather than a final completion.

Both consider the interaction between therapist and client as crucial to the process, but in different ways and perhaps from different foundations. For de Shazer, it is the "language games," the dialogue or conversation between therapist and client, which is the dynamic by which change can occur. Its success depends partly on the therapist's ability to

work in this way, partly on the very nature of human interaction. Though de Shazer does not discuss whether healing could happen without a therapist, it is evident that the interaction between two (or more) people is integral to his approach. For Freemesser, the foundation is human nature itself, and the centrality of personal relationship which he sees as constitutive of healthy human living. Because humans are by their nature interpersonal, and because it is in relationship—in communion—that healing and transformation occur, therapy must necessarily work out of the client-therapist relationship.

Whereas de Shazer is a brief therapist, Freemesser emphasizes the long-term nature of the healing process. De Shazer uses structured techniques, such as the miracle question and scaling questions, whereas Freemesser, though certainly using techniques, considers them quite secondary to the interpersonal relationship. De Shazer's approach is more task-oriented, working by naming the problem and finding the solution, whereas Freemesser is experiential and existential, delving to uncover the inner workings of the person and bring them to light in order that they might be healed. Freemesser loves the hidden and mysterious, but de Shazer believes that everything is already in view, just waiting to be seen.

Freemesser, working from psychiatric and medical expertise, strongly emphasizes the body and the interaction among body, mind and spirit; seeking the integration of the three is part of his understanding of the process of healing. De Shazer, on the other hand, does not tend to deal with the body at all, but focuses on work with the mind. Freemesser is explicitly, indeed fundamentally, spiritual in his approach; de Shazer makes no mention at all of the spiritual, the religious, faith or God. However, I do not find that de Shazer's approach is closed to, or incompatible with, the spiritual, but that he simply does not enter into the question.

The inclusion of de Shazer in this discussion required a conscious “misunderstanding” since he himself does not use the language of wounding and healing; Freemesser, on the other hand, is quite comfortable with such terminology. In this sense, Freemesser is a much more natural fit in the pastoral care and counselling context established through the first three authors. Clebsch and Jackle explicitly name healing as one of the four pastoral functions, Rovers sees healing of childhood wounds as endemic to the therapeutic process, and Pilch considers the New Testament understanding of healing as a significant corrective to the Western medical-scientific model. By naming de Shazer’s therapeutic goal as *healing*, however, it has been possible and fruitful to discuss his thought in this context.

The comparison between the two brings out the sense that healing is ongoing, rather than once-for-all, and that it is to be found especially in the in-between spaces: for de Shazer, in the “misunderstandings” of therapeutic conversation, and for Freemesser, in the unspoken but dynamic relationship between therapist and client, client and therapist and God. Both are completely consonant, in this regard, with the pastoral care and counselling foundation, for which healing is a life-long process, though it may have outstanding moments. Pilch is readiest to see the identifiable moment of healing, because he is discussing what it is that happens in that moment of healing, and highlights the importance of restoration to the community which comes about through physical or mental healing. However, like all the other authors, he puts such healing in the context of a person’s whole life and, indeed, of the community’s life.

De Shazer and Freemesser share an optimism about the client. Each has a way of working with the best the client can be (or the solution rather than the problem, in de Shazer’s terms), giving a positive approach to healing which is extremely attractive without

being unrealistic. This optimism is not at all out of keeping with the pastoral care context, but is much stronger in them than in the other three authors.

Their emphasis on the relationality of healing, though expressed differently in the two, is completely in keeping with the pastoral care context. For Pilch, healing is relational in two ways—because it comes through relationship with the healer (Jesus) and because by its nature it involves the sufferer's relationship with the community. Rovers sees the interaction between the couple as endemic to healing of childhood wounds, and their relationship with the therapist as an important assisting ingredient. For Clebsch and Jackle, the pastoral counsellor is ipso facto working with relationship, because he serves as liaison between the sufferer and the community. Freemesser and de Shazer, not unnaturally since they are therapists, focus more on the client-therapist relationship, but both are aware that a client's healing occurs precisely within her own network of relationships, not outside them nor simply in the therapy room. Moreover, their sense that the client participates in the healing is extremely consonant with the pastoral care context. For both, the sense that the client carries within herself the path to healing (with their distinctive ways of understanding and expressing this point) is endemic to their therapeutic method. Pilch, Clebsch and Jackle, and Rovers all emphasize the sufferer's role in the process of healing, and that the healing is tailored to the need and the nature of the particular sufferer.

Freemesser's emphasis on the integration among the physical, spiritual and mental fits best with that of Pilch, who looks precisely at what is happening within the physical healings that Jesus performs in the New Testament. Seeing the spiritual as an essential, if not the most essential, element of healing is clearly part of the pastoral care context. De Shazer stands apart in this regard, since does not enter into the realm of the spiritual. However, he

does connect inner and outer experience, and though he has no interest in delving into the hidden, the past or the unconscious, he sees the therapeutic goal as involving real inner change which is reflected in external changes.

The strongest link to the pastoral care context, for both Freemesser and de Shazer, is their sense that healing involves not simply restoration or coping mechanisms, but real change or transformation—the new self in Freemesser’s term, new meaning, new stories, new lives in de Shazer’s. The pastoral care context is rooted in the sense that healing is bringing about something new, better, more, deeper, yet stemming from the real person and real situation of the sufferer. This element is perhaps the most significant commonality among all five authors, because so much of their work and method is shaped by it, as is their vision and goal.

Finally, it is necessary to consider the application of Freemesser’s understanding of healing in therapeutic practice. I find that in my own practice, I constantly draw on his fundamental principles. Authenticity for me as therapist, and attention to my own inner work, mean I am less likely to “get in the way” of the client’s work, and more able to participate in it and collaborate with the client. I do not have medical or psychiatric expertise, but I do give attention to the physical messages the client is receiving, to care for the body, and to the ways in which body, mind and spirit interact; also I work as much as I can towards integration of the three, in myself as well as in clients. For instance, a client recently discussed chest pains which physicians could not explain, but we found that she needed to “get something off her chest” in relation to her parents. I prefer long-term work to short-term, and find it extremely helpful to remember that, when clients seem stuck, they may really be having an opportunity to discover something they need to know or experience.

As for the discovery and embracing of the new self, I find thus far that clients benefit from the notion, and though they may not understand it or know how to bring it about, often it coincides excellently with their own goals for therapy. A client whose presenting issue was a particular relationship—deciding whether or not to marry a man she had been dating—told me after many sessions she was realizing the process was not so much about whether she married this man, as who she is becoming in all her relationships. The importance of the therapeutic relationship is not a new idea with Freemesser, but does shape the way that therapy happens, and allows a process to unfold which works from the inner depths of both therapist and client. Where Freemesser used his psychiatric and priestly formation, I use my theological and pastoral formation, because these are my own tools and this is the way that I can best be present to clients. It is quite likely that his understanding and method of healing would be ill-fitting for many therapists, especially those in the behavioural or cognitive models, but for those who prefer to work with the relational, experiential and existential, as well as the spiritual, it offers great possibility.

Perhaps the most significant aspect I, personally, retain from Freemesser's understanding of healing is the necessity of prayer, and the need to hold each client in the stillness, as well as the realization that I am not the healer but only the agent. I am often extremely grateful to remember that I am asked to bring only a very few to the pool, and once they get there the rest is not up to me; and when things get tough in therapy, it is often because I forget these fundamentals. Constantly returning to Christ as healer, never giving up on the process (either in oneself or in the client), staying in the present moment and working from there, following rather than leading the client, and remembering that transformation is always the key, are faithful allies in therapeutic practice.

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